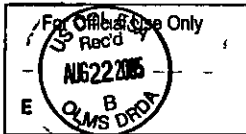


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10599</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>STEVEN</u> <u>P</u> <u>TORTORICI</u> P O Box Bldg Room No if any _____ Street <u>285 VIOLET LANE</u> City <u>BATAVA IL</u> State <u>IL</u> ZIP Code + 4 <u>60510</u>	4 Name file number and address of labor organization Name <u>PLUMBERST PREFITTERS LOCAL 501</u> Labor Organization File Number <u>540949</u> P O Box Building and Room Number if any _____ Street <u>1295 BUTTERFIELD ROAD</u> City <u>AURORA</u> State <u>IL</u> ZIP Code + 4 <u>60502-8879</u>
5 Position in labor organization <u>RECORD & SECRETARY</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed [Signature]

On 8/4/2005
Date

630-879-0776
Telephone Number

Name of Person Filing <u>STEVEN P TORTORELLA</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>NORTHERN ILLINOIS EDUCATION FUND</u> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <u>1295 BUTLERFIELD ROAD</u> City <u>AURORA</u> State <u>IL</u> ZIP Code + 4 <u>60502-8879</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <u>TRAINING FUND OF LOCAL 501</u> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received MEMBER DUES <u>APPRENTICE GRADUATION DINNER</u> 12 b Amount <u>40.00</u>

- C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14 a Nature of payment <input type="text"/>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input type="text"/>

To U S Department of Labor

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004 These are my only LM-30 reportable transactions I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years

Signed SP Tortorici

Dated 8/4/2005

Print Name STEVEN P TORTORICI